


2004 FOR PROFIT CORPORATION ANNUAL REPORT

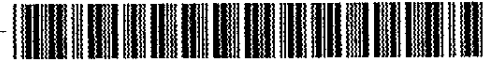
FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000018365
 1. Entity Name
SUNSHINE PET SITTERS, INC.



Principal Place of Business 11145 SANDYSHELL WAY BOCA RATON, FL 33498	Mailing Address 11145 SANDYSHELL WAY BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

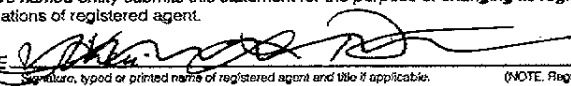
4. FEI Number 01-0618028	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DUNN, SHERI L
 11145 SANDYSHELL WAY
 BOCA RATON, FL 33498

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/22/04
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

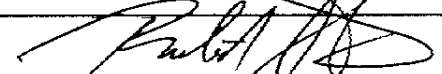
U00000095318
 03/24/04-80026-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, SHERI 11145 SANDYSHELL WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O DUNN, ROBERT 11145 SANDYSHELL WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3/22/04 Daytime Phone # 561-479-0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



TDD